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Assessment of Student's Satisfaction and Quality of Patient Care under the Nigerian Tertiary Institutions Social Health Insurance Programme (TISHIP)

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Abstract
Patients' satisfaction is considered as one of the desired outcomes of health care and it is directly related with utilization of health services, it has emerged as an increasingly important parameter in the assessment of quality health care; hence, healthcare facility performance can be best assessed by measuring the level of patient's satisfaction. Nonetheless, there is no adequate information on users' perception about the quality service provided in the clinic after the implementation of this health insurance scheme, The focus on student's satisfaction with the health insurance scheme's service provision for years of active implementation highlights the importance of monitoring and evaluation, a hospital may be well organized, ideally located and well equipped but it will fail in its responsibility to provide quality care if patient satisfaction is not of a high caliber. The objective of this study is to assess students' satisfaction by identifying the basic elements of the service which students complain about, are satisfied or dissatisfied with or which otherwise affect their utilization of or response to health care and the quality of patient care under this scheme, with particular reference to ABU sick bay (Kongo campus).This is a cross sectional descriptive study that was conducted from February 2013-Febuary 2014 on a sample of 68 enrollees of the health services of the university using systematic random sampling technique. Data was collected using structured questionnaire and analyzed by SPSS for windows version 20.0. Statistical tests were employed where necessary at 0.10 level of significance. Each satisfaction item was scored in a five-point likert scale ordinal response, which was converted to percentage scale response. Satisfaction was measured from the following domains: warm reception, patient waiting time, provider's attitude towards the patients and the general cleanliness of the hospital for patients care. The overall level of satisfaction score of the respondents was 57.1%. Specifically, the respondents expressed satisfaction with: warm reception 58.7%, Doctors attitude 74.60%, Nurses attitude 55.6%, General attitude of other sick bay staff 55.6% , general cleanliness of the sick bay 74.6% and dissatisfaction with general waiting time 39.683%. This study has shown that the overall student's satisfaction with the quality of services provided was very good with patient-provider relationship rated highest and waiting time rated lowest. There is need to improve on the current level of student's satisfaction while effort should be made to address the domains of dissatisfaction.
Keywords: Health Insurance, Tertiary institution social health insurance program, Patient Satisfaction, Quality of care.

INTRODUCTION

Health status of any group of people has come to be seen as crucial not only to their well-being but also represent a strong influence on the productivity capacity of the people. The Government of Nigeria continues to looks for ways to restructure the welfare state to meet the changing needs, demands and expectations of a changing population. The need for the establishment of health insurance scheme which was informed by the general poor state of the nation's healthcare services, the excessive dependence and pressure on government provided health facilities, dwindling funding of healthcare in the face of rising costs, poor integration of private health facilities in the nation's healthcare delivery system and overwhelming dependence on out-of-pocket expenses to purchase health (Olanrewaju, 2011). This trend according to National Health Insurance Operational Guidelines (2005) prompted the federal Government of Nigeria to initiate the search for other means of funding health care that had been neglected in the past. Health insurance is an alternative source of health care financing that has become important in the developing world. It has been implemented as part of health reform programs and strategies aimed towards providing effective and efficient health care for citizens, most especially for the poor and vulnerable. The National Health Insurance Scheme (NHIS) was established as a social security system based on social health insurance to ensure that enrollees have access to quality and effective healthcare. The Federal government of Nigeria through the National Health Insurance Scheme (NHIS), has implemented the Tertiary Institutions Social Health Insurance Programme (TISHIP) with the hopes to achieve a more flexible, more innovative and more competitive response to the health need of tertiary institution students in the country, in order to ensure that every tertiary institution student has access to quality healthcare while schooling, that parents and guardian are protected from the financial hardship of huge medical bills, ensure equitable distribution of healthcare costs among different students, to ensure equitable distribution of healthcare facilities within the

nation tertiary institution of learning, ensure availability of funds to the health sector for improved services (National Health Insurance Operational Guidelines 2005).

The Tertiary Institutions Social Health Insurance Programme (TISHIP) is a scheme where the healthcare of students in the tertiary institution is paid for, from funds created by pooling the contributions of students and Government. The programme according to Precious healthcare (2012) is committed to ensuring access to qualitative healthcare service for students of tertiary institutions thereby promoting the health of students with a view to creating conducive learning environment. Extensive evidence is now available to demonstrate the link between health, as well as school health programs to academic achievement. Some institutions have existing network of quality in-house health schemes. Such commendable in-house arrangement is fully integrated into TISHIP scheme. An actuarial review has been carried out by National health Insurance scheme (NHIS) and ₦1, 600:00 per annum was recommended as minimum premium to be paid by every student in tertiary institution. This actuarial review of the programme will be carried out annually to ensure the continuing adequacy of contribution rates and amount paid to providers. TISHIP represents very promising sustainable healthcare financing strategy.

STATEMENT OF THE PROBLEM AND OBJECTIVES

Health care services are amongst the most basic of all essential services, and their significance cannot be over emphasized. However, health care delivery in Nigeria is bedeviled with the problems of the quality of care and accessibility to care. Patient satisfaction has emerged as an increasingly important parameter in the assessment of quality of health care; hence, health care facility performance can be best assessed by measuring the level of patient's satisfaction. Already there has been insufficient knowledge and awareness of the health insurance activities by those enrolled in the scheme. Complaints have arisen where providers denied enrollees their full entitlements and some providers have charged additional fees on the pretext of non-inclusion of the service in the benefit package. Again, Insured-persons have complained of poor attitude and behavior of service providers operating in the tertiary institution social health insurance program, long waiting time and poor quality service delivery. Certainly, problems associated with health service provision needed to be understood and rapidly resolved at all times. This would have helped immensely in the future implementation strategies of the scheme by identifying what has happened, and how to progress, to make it better for all. It would aid to have improved the monitoring of health care providers' activities within the scheme.

Assessing the appropriateness of care and students satisfaction is crucial to have assured the continuous attractiveness of the care contracted. Moreover the influence of health insurance on the levels of student's satisfaction and quality of care is relatively unexplored, since the commencement of the NHIS- TISHIP in 2005. There has been insufficient literature in social health insurance program in Nigeria that dealt with students satisfaction based on the knowledge and awareness of students within a health insurance scheme setting like TISHIP. The focus on student's satisfaction with the health insurance scheme's service provision for years of active implementation highlights the importance of monitoring and evaluation. It is to this end that this research set to explore the level of student's satisfaction and quality of patient care under this scheme.

The objective of this study is to assess students' satisfaction by identifying the basic elements of the service which students complain about, are satisfied or dissatisfied with or which otherwise affect their utilization of or response to health care and the quality of patient care under the National Health Insurance coverage for students Tertiary Institutions Social Health Insurance Programme, with particular reference to ABU sick bay (Kongo campus).

REVIEW OF RELEVANT LITERATURE

Satisfaction is said to be a state of pleasure or contentment with an action, event or service, especially one that was previously desired and when applied to medical care; patient satisfaction can be considered in the context of patient's appraisal of their desires and expectations of health care, (Ofili, 2005). Satisfaction with healthcare services is associated with many contributing factors, among which are related to health providers and healthcare delivery process. Since quality clinical outcome is dependent on patient satisfaction the latter has come to be seen as a legitimate health care goal and therefore of quality care. Care cannot be of high quality unless the patient is satisfied.

Nabbuye-Sekandi et al (2011), define Patient satisfaction as a subjective evaluation of the service received against the individual's expectations. Patients' judgment of hospital service quality and their feedback are essential in quality of care monitoring and improvement. Patient satisfaction is measured over a wide range of health service dimensions, including availability, accessibility and convenience of services, technical competence of the providers, interpersonal skills and the physical environment where services are delivered. Patient perceptions of quality are often influenced by their interaction with the health provider. Patient's satisfaction assessment is widely used to evaluate the quality and the effectiveness of various healthcare service deliveries. Patient satisfaction is a key criterion by which the quality of health care services is evaluated.

Student's satisfaction is a fundamental indicator of success in this form of service delivery and is therefore a key component of quality of healthcare in Nigerian tertiary institutions of learning.

The idea of satisfaction is fundamental to the delivery of the service. The health sector is aimed at ensuring effective health service provision whereby care is demand-driven, performance-driven, and consumer-driven and evidence based. Such care is expected to increase consumer satisfaction and improve the confidence of the public in the health care delivery system in the country. Another important issue is the nature of consumer assessment of care. Also, one needs to know the basis of expressions of satisfaction and dissatisfaction. Stimson and Webb (1975) have suggested that satisfaction is related to perception of the outcome of care and the extent to which it meets patient's expectations. This is supported by Larsen and Rootman (1976) who demonstrated that a relationship between satisfaction and expectation is not necessarily direct but contend that, it then seems reasonable to suggest that expression of satisfaction are the end-product of a process of evaluation in which expectations figure to some extent. Mackey and Cole, as cited in Oche et al (2011) assert that, it is difficult to sell services if individuals are dissatisfied; with waiting time, which is the length of time from when the patient entered the waiting room to the time the patient actually left the hospital. In a competitively managed health care environment, patient waiting time play an increasingly important role in a clinic's ability to attract new business. Cunningham in Ofili and Ofovwe (2005) patients' satisfaction through enhance medical care, long waiting time has frequently been mentioned as one factor which may limit health service utilization by any given community.

Consumer factors have an influence on patient's satisfaction with the healthcare deliver. Onwudiegwu (1999) identify some of these factors to include; distance, waiting time, communication, cleanliness and level of education, as well as the general attitude of the healthcare providers. These factors are found to be significant predictors of healthcare satisfaction. Iloh et al (2009) revealed in their studies that, satisfaction with patients waiting time (service delay) is ranked the least with an average score of 2.4. Duration of consultation can also affect patient satisfaction. Singh and his co-workers in Ofili and Ofovwe (2005) found out that, the duration of examination to be three minutes and 47% of the patients from this study expressed dissatisfaction over that. Prolong waiting time before consultation and average duration of examination was found to be the greatest source of discontent among patients. The findings from Ofili and Ofovwe studies (2005) is in consonance with the Trinidad and Tobago studies of Singh et al (1999)

Shortage or lack of drugs and essential pharmaceuticals in health care is indicative of a serious failure in the system. Drug shortages have been a recurring phenomenon particularly in the public health sector. Even when drugs are available it does not translate to accessibility. Availability is not synonymous to accessibility because of the huge impact of prices in the determination of accessibility to essential medicines. Access to essential drugs has assumed significance over the years because of increasing difficulty experienced by people in obtaining their medication both within and outside the regular health care structures.

Availability is the first step in ensuring access and affordability is the second step in ensuring access. Olujide and Badmus (1998) asserts the non-availability and prices of drugs, to be a major hindrance towards patient satisfaction and quality of care through enhanced medical care, the studies asserts that, (57.7%) of the patients were of the level of dissatisfaction on the length of waiting time for drugs. Ofili and Ofovwe (2005) assert in their studies that, of the 250 patients enrolled for the study, 140 patients were satisfied with the services at the pharmacy which is (56.0%) patients, while 108 patients (43.3%) were not satisfied. Reasons given for the dissatisfaction were long delay in serving patients (73.1%), unavailability of certain drugs (13.8%), high cost of drugs (11.1%), and rudeness of staff (1.8%).The studies further revealed that 183 patients (73.2%) were satisfied with services in the laboratories, while 25.6% were dissatisfied and the reasons for the dissatisfaction were mostly delayed results (48.4%) and expensive tests (23.4%). 115 patients (46.0%) thought the bathrooms and toilet facilities were dirty, while 135 patients (54.0%) thought they were clean enough. Adagadzu (2009) Asserts that, the procurement process of drugs often lacks transparency and contributes significantly to the high prices and by extension, affordability and quality of the medicines procured. Medicines and pharmaceuticals available have a high cost process and therefore access to them is denied and when quality is compromised, safety cannot be guaranteed. The studies further assert that, Baseline assessment of the Nigerian pharmaceutical sector in 2002 showed that only 46% of essential medicines were available in public health facilities. A national survey in Nigeria in 2004 – 2006 as contain in Adagadzu (2009), showed that the drugs were neither sufficiently available nor were they affordable.

The area of dissatisfaction as asserted in Fekadu et al (2010) is in consonance with Oche et al (2011), Olujide and Badmus (1998),Which are Lack of drugs and supplies, poor information provision, long waiting time, poor cleanliness, lack of privacy and inadequate visiting hours, were found to be the major causes of dissatisfaction in these studies. However, Ibrahim (2009) indicate that there are Documentary evidence which has shown that health service delivery in Nigeria is as low as 30% and other indicators such as waiting times, staff attitude to work and public confidence in the health sector has declined significantly over the years. The study further Identify the following hindrances to care/service delivery; Shortage of human resources, Lack of equipment and inadequate drugs, Lack of training and re-orientation of staff, Lack of staff commitment e.g.

nurses, midwives, laboratory technicians and doctors, Brain-drain resulting from lack of motivation, Inter/ intra professional rivalry among health professionals, Poor budget allocation, Weak health information system. Prasad et al (2013) assert that a hospital may be well organized, ideally located and well equipped but it will fail in its responsibility to provide quality care if patient satisfaction is not of a high caliber.

Materials and Methods

This is a cross sectional descriptive study that was conducted from February 2013-February 2014 on a sample of 68 enrollees of the health services of the Institute of administration, Ahmadu Bello University, Kongo campus Zaria using systematic random sampling technique.

Study Settings

The clinic is part of the Main Campus Health Services, which provides primary health care services to both staff and students of Kongo Campus including their families and other University staff working at the Main Campus but resides in Gyellesu, Tudun Wada and Zaria-City. The clinic presently has a work force of 5 Medical Doctors, 17 Nurses, 1 pharmacy and 38 supporting staff. The clinic is open for 24 hours each day including weekends and public holidays. The clinic provides the following services; outpatient services, inpatient services, infant welfare clinic, antenatal clinic, laboratory services, emergency unit/ambulance and preventive health care. Three HMOs (Health Maintenance Organizations) namely: Songhai Health Trust Ltd and United Healthcare International Ltd are responsible for the coverage of the students while Wise Health Services Ltd that of the staff of the university. These HMOs serves as intermediaries between NHIS and the Institution clinic and are limited liability companies formed by private, public establishments or individual for the sole purpose of participating in the implementation of the NHIS-TISHIP scheme in the country.

The study population is made up of students enrolled through NHIS-TISHIP using the services at the school health services unit (Inclusion criteria). Sample was restricted to those who have made at least one out-patient clinic visit in the period of February 2013 to February 2014, to ensure that they qualify as consumers of health care and that the information given relates to current experience. All NHIS-TISHIP enrollee that passed through the process of card collection, consultation, laboratory investigation and pharmacy for drug collection were the source population. These would have afforded the students the opportunity to have passed through all the most relevant and sensitive service windows offered by the sick bay. The exclusion criteria; All NHIS-TISHIP enrollees attending the clinic for the first time and had not gone through the full process of care may not be able to form an opinion of the services, fresh students, those referred for secondary care services, Students who are staff of Ahmadu Bello University, Students who are nursing mothers as ante-natal and post-natal care are not included in the scheme of NHIS-TISHIP.

There are different methods and tools in used to assess the quality of healthcare worldwide, as cited in; Dave (2003), Ibiwoye and Adeleke (2009), Jolie and Robert (2009), and Diazenge (2010). Some of these tools include the following;

Standard Quality Assurance Team (SQUAT)

It is applied in an exit interview with the clients to capture their feelings pertaining to the quality of care they received during the visit.

The QUOTE Document

QUOTE document is an instrument used in measuring patient satisfaction developed by Netherlands Institute of Public Health, which simply mean "Quality of Health care services through patient eye's''. It is a methodology that standardizes the measurement of patient satisfaction as the discrepancy between patient's needs and the extent to which this needs are being met. There are two sections in these documents:

1. Section 1 – It contains background information about the respondent.
2. Section 2 – This is modeled to fit into any aspect of healthcare service to be assessed e.g. QUOTE Cataract; this measures the quality of care of cataract patient. The tool uses a four point scale of grading and it is client centered, this study adopts with some modifications these tools.

The result generated was analyzed using Statistical Package for Social Sciences (SPSS) software version 20.0, Microsoft cooperation, Inc. Chicago, IL, USA for the calculation of mean, frequencies and percentages. The quantitative data were presented in the form of tables and charts, while measures of central tendency (mean) and measure of variability (standard deviation) were used where appropriate. For the qualitative data the use of narrative was employed. For the assessment of knowledge of the respondents on the operation of the various aspects of NHIS-TISHIP, 40% ''pass mark'' would be used to assess the adequacy in the study, which would be measured on a two point scale as ''Good'' for those that would score $\geq$ 40% and ''Poor'' for a score of $\leq$ 39%.

Ethical Approval

Ethical approval was sought and obtained from the health services study protocol review committee of Ahmadu Bello University, Zaria. While informed verbal consent was obtained from the participants after explanations on the purpose and process of the study.

Result and General Discussion on the Implication of the Findings

Sixty eight registered enrollees with the sick bay were recruited for the study. Final year students were the ones chosen for this study. This implies that they can form an opinion because of the period they spend in the institution.

From the analysis of the questionnaires it shows that the quality of patient care under the National Health Insurance –Tertiary Institution Social Health Insurance Programme (NHIS-TISHIP) is been satisfied by the policy holders, about 57.1% of the enrollee expressed their level of satisfaction with the different elements of the services and the utilization of the services. Greater acceptability and active participation in the scheme is essential if the desired goal of the scheme is to be achieved. To ensure continuous participation in the scheme, future planning efforts need to consider the policy holders satisfaction which, of course, is based on the knowledge and awareness of the enrollees.

The findings of this study indicates that, Most of the respondents in this study were male (67.0%), and with male: female ratio of 2:1, this is in contrast with the study of Abdulrasheed (2011) and is in cognizance with the study of Sanusi and Awe (2009).

In this study, the proportion of TISHIP enrollees who are knowledgeable on the overall operation of the scheme was 41.3% which show some improvement in contrast to the finding of Sanusi and Awe (2009). The level of awareness among respondents was high but there was no correlation between awareness exhibited by majority of respondents and their understanding of the working of the scheme, a trend exhibited by majority of respondents in the different cadres. Majority of the enrollees (33.3%) had during orientation as their main source of information while internet a veritable source of information with regards to the scheme had the least with 3.2%; these findings were similar to that of the study in Ibadan of Awosika (2005). Despite efforts made by the scheme to sensitize and increase awareness of the students on operation of NHIS-TISHIP five years after commencement, only 41.3% of the respondents in this study were adequately informed. There could be many reasons why patients may choose to attend a health facility. In this study, majority of the enrollees (49.2%) chose the sick bay because of its proximity to their hall of residence and (38.1%) are enrolled in the scheme because it is the only one around, thus they are left with no choice. This supported the fact that assessment of patient's expectation is one of the ways of learning about patients' needs.

Findings from the study revealed that, the most important quality indicator from TISHIP policy holders perspective in the card room with a score of 58.7% was the issue of warm reception at the out-patient department but been an institution of learning, majority of the enrollees (68.3%) suggested a maximum waiting time of about 15 minutes.

The issue of doctor's attitude was recognized by 74.6% of the NHIS-TISHIP enrollee as the most important quality indicator in the consulting room and are satisfied which is in consonants to the findings of Jorge et al in Abdulrasheed (2011), who found out that the most powerful predictor of client satisfaction with public health facility was the doctor's behavior towards the patient, particularly respect and politeness, which was found to be more important than the providers technical competence, this finding was in agreement with that of this study.

It has been observed that patients are least satisfied while waiting times are longer than expected, relatively satisfied when waiting times are perceived as equal to expectations and highly satisfied when waiting times are shorter than expected (Thompson and Yarnold, 1995) in Oche (2011). The findings of this study is in consonant with the study of Nwabueze et al (2010) in a study conducted on the comparative analysis of patient satisfaction levels in secondary and tertiary health care facilities in Nigeria; Delay (waiting time) was mentioned as what the patients from both centers like least. Majority of the respondents (71.4%) rated the maximum waiting time at the consulting room to be 15 minutes at most. While 76.2% rated a maximum waiting time in the pharmacy to be about 15 minutes.73.0% of the respondents rated the maximum waiting time in the laboratory to about 15 minutes and 79.4% of the enrollee of NHIS-TISHIP scheme in this study are of the view that the maximum waiting time for treatment, injection and dressing shouldn't be more than 15minutes, this is in cognizance with the study of Oche et al (2011).

With regards to overall satisfaction, 57.1% of the enrollee said they were satisfied which supported the findings of Mohammed et al (2011). 20.6% of the TISHIP enrollee suggested that the quality of outpatient care under the scheme in the hospital would be best improved by providing a separate NHIS-TISHIP clinic complex fully complemented with information/record unit, consulting room, laboratory, dispensing room and treatment room. While 33.3% of the enrollee considers employment of more staff as the best way to the improvement in quality of service, this is in contrast to the study of Abdulrasheed (2011).

Summary and Conclusion

Assessment, monitoring and exploration of patient complaints and patient satisfaction data provide one indicator of quality of care, Leino-Kilpi (1992). Enrollee's satisfaction with service provision of health insurance can be influenced by several factors especially the poor knowledge of health insurance. Periodic identification of related influencing factors on policy holders' satisfaction could assist in guiding policy and decision making to detect promising pathways to improve any deviation from the objectives. Improved knowledge and better awareness of the scheme's activities by the enrollees could be augmented through the provision of requisite available information to the insured persons at all times. The study revealed that NHIS-TISHIP enrollee, have good attitudinal predisposition towards the scheme, despite their lack of adequate knowledge of the rudimentary principles of the operation of a social health insurance scheme. This implies that if adequate information is made available to them, the likelihood of their participation and consequent improved implementation will be high. This calls for a conscious publicity drive and intense educational campaigns. Also the findings of this research are of importance to the scheme as it gave a clear picture of the feelings of the beneficiaries of the scheme. In summary, this study has shown that the overall NHIS-TISHIP enrollee's level of satisfaction with the service provided was very good with students-provider relationship rated highest and patient waiting time rated least, the level of knowledge of NHIS-TISHIP clients and health providers on the various aspects of NHIS-TISHIP activities is still poor five years after commencement.

Recommendations

There is need to sustain and improve on the current level of students-provider relationship, students- provider communication and the general cleanliness of the sick bay, while effort should be made to address the student's waiting time at the sick bay. The service windows with dissatisfaction scores should be the focal areas the university health management should address as quality improvement process are initiated, as they bear direct to what the students feel. There is the need for the university health services units to address gaps in human resources, logistics and other internal procedures aimed at reducing waiting times and thus ensuring an effective health care delivery system.

Limitations and further research:

There are some limitations to this study for which the findings should be used with caution. The research was done only on one clinic; further research can be done taking more clinics. Sample size was 68, more sample could be used. Other statistical measures like convergent validity could be used. So, at the time of further research, these items can be considered and tested.

Conflict of interest:

All views expressed in this paper are simply that of the author and does not in any way represent that of the management of the health services or the health insurance scheme. The author declares no conflicts of interest.

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Table 1: Demographic and social characteristics of the respondents:

	Frequency	Percentage (%)
Faculty/ Department:		
Law	17	27
Administration:	10	
Accounting	18	16
Business Administration	9	29
Local Government & Development Studies	9	14
Public Administration		14
Total	**63**	**100**
Sex:		
Male	42	67
Female	21	33
Total	**63**	**100**
Hall of Residence:		
Hostel	52	82
Off Campus	10	16
Senior Staff Quarters	1	2
Total	**63**	**100**

Source: Questionnaires Administered 2014

Figure 1: Distribution of TISHIP policy holders by sources of information

Table 2: Proportion of TISHIP policy holders rating the satisfaction of various indicators of quality of care at the outpatient department

	Frequency	Percentage (%)
Warm Reception at OPD		
Highly Satisfied	2	3.2
Satisfied	37	58.7
Unsatisfied	12	19.1
Highly Unsatisfied	6	9.5
Indifferent	6	9.5
Total	**63**	**100**
Patient waiting time to see Doctor		
Highly Satisfied	3	4.762
Satisfied	14	22.222
Unsatisfied	25	39.683
Highly Unsatisfied	18	28.571
Indifferent	3	4.762
Total	**63**	**100**
Doctor's Attitude		
Highly Satisfied	10	15.87
Satisfied	47	74.60
Unsatisfied	3	4.76
Highly Unsatisfied	2	3.18
Indifferent	1	1.59
Total	**63**	**100**
Nurses Attitude		
Highly Satisfied	2	3.2
Satisfied	35	55.6
Unsatisfied	14	22.2
Highly Unsatisfied	7	11.1
Indifferent	5	7.9
Total	**63**	**100**
General Attitude of other sick bay staff		
Highly Satisfied	2	3.2
Satisfied	38	60.3
Unsatisfied	13	20.6
Highly Unsatisfied	7	11.1
Indifferent	3	4.8
Total	**63**	**100**
General Cleanliness of the sick bay		
Highly Satisfied	5	7.9
Satisfied	47	74.6
Unsatisfied	9	14.3
Highly Unsatisfied	2	3.2
Indifferent	-	-
Total	**63**	**100**

Source: Questionnaires Administered 2014.

Ratings

5 = Highly Satisfied,
4 = Satisfied,
3 = Indifferent,
2 = Unsatisfied,
1 = Highly Unsatisfied

Table 3: Proportion of TISHIP policy holders rating the Importance of various indicators of quality of care at the outpatient department

Need for Doctor to listen well before examination and prescription	**Frequency**	**Percentage (%)**
Very Important	52	82.5
Important	10	15.9
Fairly Important	1	1.6
Not Important	-	-
Indifferent	-	-
Total	**63**	**100**
Request for Relevant Investigation	**Frequency**	**Percentage (%)**
Very Important	32	50.8
Important	23	36.5
Fairly Important	2	3.2
Not Important	2	3.2
Indifferent	4	6.3
Total	**63**	**100**
Privacy and Confidentiality	**Frequency**	**Percentage (%)**
Very Important	45	71.4
Important	13	20.6
Fairly Important	1	1.6
Not Important	2	3.2
Indifferent	2	3.2
Total	**63**	**100**

Source: Questionnaires Administered 2014.
Ratings
5 = very important,
4 = important,
3 = indifferent,
2 = fairly important,
1 = not important

Table 4: Proportion of TISHIP policy holders rating the maximum waiting time quality of care at the various service points of General out Patient Department (GOPD)

	Frequency	Percentage (%)
Card Room		
Less than 15 minutes	43	68.3
Between 15 to 30 minutes	14	22.2
More than 30 minutes	6	9.5
Total	**63**	**100**
Consulting Room		
Less than 15 minutes	45	71.4
Between 15 to 30 minutes	18	28.6
More than 30 minutes	-	-
Total	**63**	**100**
Pharmacy		
Less than 15 minutes	48	76.2
Between 15 to 30 minutes	15	23.8
More than 30 minutes	-	-
Total	**63**	**100**
Laboratory		
Less than 15 minutes	46	73.0
Between 15 to 30 minutes	15	23.8
More than 30 minutes	2	3.2
Total	**63**	**100**
Treatment/Injection/Dressing Room		
Less than 15 minutes	50	79.4
Between 15 to 30 minutes	12	19.0
More than 30 minutes	1	1.6
Total	**63**	**100**

Source: Questionnaires Administered 2014.

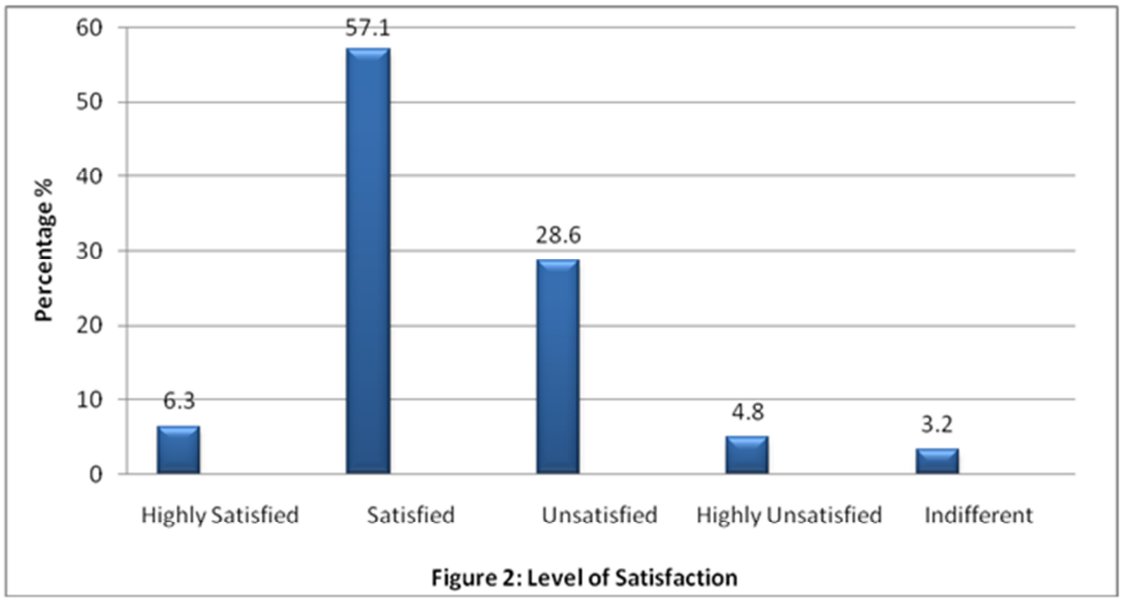

Figure 2: Level of Satisfaction

Source: Questionnaires Administered 2014.

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